

Take Two Jokes and Call Me in the Morning: The Power of Humor in Health Care

By Joanne Kaldy

If you've never laughed or shared a joke at work, you're probably in the minority. While health care is serious business, there is still a place for humor, and sometimes it transforms someone's mood, makes a difficult situation feel more positive, or just adds some lightness to a stressful workplace.

The power of humor is real. Studies show that it helps release tension, decreases levels of stress hormones, lowers blood pressure, and even strengthens the immune system. "Humor is part of healing, but it has to be used carefully," said Charles Crecelius, MD, PhD, CMD, the medical director for post-acute care at BJC Medical Group. "I often test the waters with some self-deprecating humor. For instance, I'll tell a humorous story about something that happened to me in my personal life. It helps people see me as human, and they're more likely to relax and open up." He added, "Part of engaging with patients is displaying a full personality."

Arif Nazir, MD, CMD, chief medical officer at BrightSpring Health Services, agreed, adding, "The safest place to start with humor is to poke a little fun at yourself. I have done this with patients and never regretted it. This is a good way to engage them and assess how they respond." It's important to make sure humor is used in a framework of professionalism, Dr. Nazir said. "But this doesn't mean that you have to be serious all the time. There is room for making things a bit less stressful, depending on the situation and our relationship with the person."

When to Use Humor

Sometimes a little humor is helpful at the end of a serious conversation, Dr. Crecelius suggested. "It may be a relief for the patient to laugh," he said. This

helps take the focus off their health for a moment and to feel joy.

Of course, it's never okay to laugh at someone or make fun of people. And humor in a time of crisis also is never appropriate, Dr. Crecelius said. "If someone is crying, you don't want to try to stop it with humor." He also noted that sometimes funny things happen at inappropriate times, and you have to learn to swallow your laughter: "A family member for a recently deceased patient came in dressed in full clown regalia, and I had to break the bad news to them. You need to be empathetic and give people what they need in such situations. If you feel the urge to smile or laugh, you need to excuse yourself and do it in private."

When Patients Play Comic

When patients or families make jokes, it's important to follow their lead. If they want to be serious, stay serious. If they make a joke, you can respond accordingly. Dr. Crecelius said, "I had to tell a patient that he had esophageal cancer, and he replied, 'I'm having a hard time swallowing that diagnosis.' The conversation was easier after that." He added, "If someone is using humor to deal with a difficult situation, I'll encourage it. However, if I feel like someone is using it to ignore or avoid a situation, I won't call them out on the spot, but I will reach out and reframe it later."

Dr. Nazir said, "If someone signals that they appreciate humor, I'll respond in kind. It helps build a trusting relationship." He further noted, "Patients may make a terrible joke about their illness. That's okay, but we need to make sure they understand their condition."

Sometimes the patient's humor can be uncomfortable for the practitioner, Dr. Nazir noted. "A lot of patients use humor with me, often without much

filter. People may make inappropriate jokes, but I don't take offense." However, he suggested that if a patient tells a joke that makes you uncomfortable, it's okay to diplomatically let them know that it was hurtful or unwelcome. Nonetheless, he added, "it's never okay to chastise a patient or shut them down if they are trying to find humor in a situation."



Photo by Alpay Tongay on Unsplash

Making patients laugh is sometimes the best medicine.

It's hard to know what kind of humor resonates with people, and sometimes they may respond negatively to a joke that seems fairly harmless. "If someone responds negatively to your humor, apologize and stress that you didn't mean to be disrespectful or insensitive," said Dr. Crecelius. Dr. Nazir added, "If someone surprises you and isn't pleased about a simple joke, it's an opportunity to learn about them." For example, if you make a corny joke about bad drivers and the person gets upset, you may find out that they lost a family member in a car accident.


Team Laughter

Humor is useful for staff as well as patients. However, Dr. Crecelius said, "it's hard to do a training program on humor. We have scales for depression, anxiety, and other things, but none for

humor. You can't really teach humor, but you can help staff see why it's important and what it means." He added, "Your staff will learn from you, so you can set an example for them and use humor respectfully."

If a staff member feels like there's no place for humor in the workplace, Dr. Nazir said, "I will tell them that this is a serious business, but laughter helps release the tension sometimes. If we can laugh together, we will work well together."

It's important to note that team members sometimes need humor for themselves and use it as a coping mechanism. For instance, Dr. Nazir said, "For me, humor is helpful. It's part of my personality and enables me to communicate in a more relaxed and comfortable way." However, he stressed that while it's okay to be yourself, it's also important to consider others' needs, views, and perspectives. As an example, he offered, "You may enjoy political humor, but it's not appropriate to use it with patients and families, especially if you don't know them well. Not all humor will resonate with every person."

Ultimately, humor can make a real difference and lift people up during difficult times. Dr. Crecelius observed, "People may not remember what you said, but they'll remember how you made them feel. And if you make them laugh or smile when they need it most, they will recall your encounter in a positive light." Dr. Nazir added, "Think of humor as medicine. It can have a powerful impact, but you need to be aware and cautious about how you use it." 

Senior contributor Joanne Kaldy is a freelance writer in New Orleans, LA, and a communications consultant for the Society and other organizations.

Continued from previous page

the glass of wine or cocktail away from them when they enter a facility can feel like another loss — another thing they no longer have control over — and this can trigger feelings of grief, sadness, and even depression.

"Maintaining a habit that you had when you were younger may be meaningful to some people, and you don't want to immediately take that away from them," Dr. Sacco said.

Similarly, a margarita can trigger happy memories of a honeymoon in Mexico or a Friday happy hour can remind them of joyful times with friends and family. In these cases, the drink is much more than a drink — it is a link to a time in their life when they were healthy and surrounded by loved ones.

Of course, when residents are cognitively impaired or otherwise unable to

have a conversation about alcohol use, the family can be helpful. However, it is important to realize that not all family members may know or be willing to talk honestly about their loved one's alcohol use or history of drinking.

Step by Step

It is useful to have some sort of alcohol/drug/tobacco assessment as part of every admission. Staff should be trained to have these conversations. Dr. Sacco stressed, "Drinking is deeply engrained in culture and very normative in many. You hear stories about things like a 100-year-old woman who drinks a glass of wine every day." Dr. Resnick observed, "In my clinical work of 40 years, I always assume someone drinks and take it from there. If they say they don't drink, that's fine. If they do, we can talk about any medications that might contraindicate alcohol use or other issues as appropriate."

It is important to train staff about how to engage and to be careful about stereotypes, Dr. Sacco suggested. For instance, they shouldn't make assumptions about someone's drinking habits based on how they look and should be careful to not be paternalistic.

At the same time, the staff need to know what signs of inebriation and alcohol abuse to watch for. Dr. Resnick said, "I had a resident go to the hospital once because they were drunk, but the staff thought they were having a stroke."

Dr. Resnick noted that while everyone becomes disinhibited when they drink, it is usually only problematic when they become verbally or physically abusive or if they are at risk for falling or doing something to hurt themselves or others. There are some people who drink too much but behave in a way that doesn't put themselves or others at risk. "Even if it's unhealthy for them, people have

a right to drink. You can work with the family, especially if the person is no longer able to make decisions," she said.

While the facility care team can offer information and guidance to residents about drinking, they can't unilaterally prevent residents from drinking or claim to be an alcohol-free residence. However, they can manage alcohol use to some degree. For instance, as Dr. Resnick said, happy hour can limit residents to two drinks and control the amount by ounce.

The bigger problem, she said, is when friends and relatives bring in alcohol and do not inform the staff, or they take residents out for dinner and don't monitor their alcohol intake. Dr. Resnick noted, "If someone comes back after leaving the facility, staff has every right to ask if they had anything to drink and address that appropriately."

Continued to next page